

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for Class C Non Emergency Charter  
Certificate from  
Share Care Transport, Inc.

221116  
BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2010 - 27 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Henry D. Sherald

Telephone: 8434573646

Address: 313 Saint Andrews Lane

Fax: 8664229004

Myrtle Beach, Horry County

Other: 8436557190

South Carolina 29588

Email: henrysherald@hotmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☒ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petitioner☒ Other: Request for EXPEDITED REVIEW

RECEIVED  
JAN 11 2010  
PSC SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: January 8, 2010

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Share Care Transport, Inc.

313 Saint Andrews Lane, Myrtle Beach, South Carolina, 29588

Street Address of Applicant

Mailing Address of Applicant if different from street address

(843) 457-3646

Phone

(866) 422-9004

Fax

henrysherald@hotmail.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Henry D. Sherald 313 Saint Andrews Lane, Myrtle Beach, South Carolina 29588 (sole owner)

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:

Month Jan Year 2010

**Assets:**

Cash	50,100
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	0
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	200
Prepays and Other Assets	600
<b>Total Assets</b>	<b>50,900</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	0
Notes Payable	25,900
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
<b>Total Liabilities</b>	<b>25,900</b>
Capital Stock	100
Retained Earnings	0
<b>Total Equity</b>	<b>25000</b>
<b>Total Liabilities and Equity</b>	<b>50900</b>

**PROPOSED RATES AND CHARGES FOR SERVICE****Maximum Proposed Rates and Charges for Service are as follows:**

Wheelchair Lift Fee of \$15 per lift max. \$2.80 per mile max.

**Counties to be Served:**

Statewide

**Maximum Number of Passengers per Vehicle:**

8



**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Share Care Transport, Inc.

Name of Motor Carrier

313 Saint Andrews Lane, Myrtle Beach, South Carolina 29588

Address of Motor Carrier

**Amount of Premium:**

Liability Insurance \$ 3,800

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

	Limits Quoted	
Liability Combined Each Occurrence	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	5,000

National Casualty Insurance

Name of Insurance Company

8877 N. Gurney Center Dr. Suite 42 85233

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

1/8/2010

Date

[Signature]  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Exhibit FWA**

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Name

---

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U.S.D.O.T No.

---

---

ICC No.

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1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.  
  
☒ Yes ☐ No
2. Applicant understands that drivers must be in compliance with all OSHA regulations.  
  
☒ Yes ☐ No
3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.  
  
☒ Yes ☐ No
4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.  
  
☒ Yes ☐ No
5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.  
  
☒ Yes ☐ No
6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.  
  
☒ Yes ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Horry

Henry D. Sherald  
Applicant's Signature

I, HENRY D. SHERALD, PRESIDENT  
Name of Applicant's Representative Title

of SHARE CARE TRANSPORT, INC  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Henry D. Sherald  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 8 day of January, 2010

MaDele Denise McRae  
Notary Public

Commission Expires 2/8/12



# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

SHARE CARE TRANSPORT, INC.,  
a corporation duly organized under the laws of the State of South Carolina on December 30th, 2009, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
7th day of January, 2010.

  
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

DEC 30 2009

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

## ARTICLES OF INCORPORATION

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA  
PLEASE PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is Share Care Transport, Inc.
2. The initial registered office of the corporation is 313 Saint Andrews Lane  
Street Address  
Myrtle Beach, Horry, South Carolina  
City County State 29588  
Zip Code

and the initial registered agent at such address is Henry D. Sherald  
Print Name

I hereby consent to the appointment as registered agent of the corporation:

*Henry D. Sherald*  
Agent's Signature

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:
  - a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 10,000.
  - b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class
_____	_____
_____	_____
_____	_____

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

Common A

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) \_\_\_\_\_

100107-0113 FILED: 12/30/2009  
SHARE CARE TRANSPORT, INC.

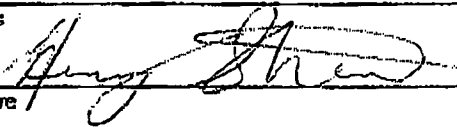
Filing Fee: \$135.00 ORIG

Mark Hammond

South Carolina Secretary of State

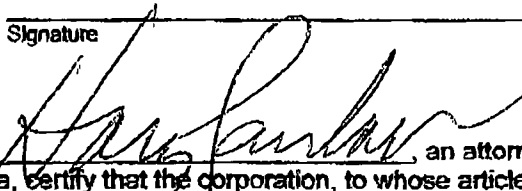
Share Care Transport, Inc.  
Name of Corporation

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).
6. The name, address, and signature of each incorporator is as follows (only one incorporator is required):

a. Henry D. Sherald  
Name  
313 Saint Andrews Lane, Myrtle Beach, SC 29588  
Address  
  
Signature

b. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Signature

c. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Signature

7. I, , an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date 12/29/09

  
Signature

Harry Pavlack  
Type or Print Name

603 W. Kings Hwy  
Address

Myrtle Beach, SC 29577

843-448-9471  
Telephone Number

1350



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**INITIAL ANNUAL  
REPORT OF CORPORATIONS**

**CL-1**  
(Rev. 7/24/07)  
3134

Office Use Only		File Number _____		ENDING PERIOD _____		SID Number _____	
		Month _____		Year _____			
Date "Application for Charter" filed with Secretary of State <u>DEC 30 2010</u>				For Secretary of State Use Only			
Date of "Request for" _____				this state" (Foreign Corp.) _____			
FED EI Number _____				Business Code _____			
NAME OF CORP. <u>SHARE LAKE TRANSPORT, INC.</u>				(Office Use Only)			
PHYSICAL ADDRESS OF HEADQUARTERS (NUMBER AND STREET) <u>313 SAINT ANDREWS LN</u>				MAILING ADDRESS FOR TAX CORRESPONDENCE <u>313 SAINT ANDREWS LN</u>			
CITY AND STATE <u>MYRTLE BEACH, SC</u>		ZIP <u>29588</u>		COUNTY <u>HORRY</u>		CITY AND STATE <u>MYRTLE BEACH, SC</u>	
						ZIP <u>29588</u>	
1. State of Incorporation: <u>SOUTH CAROLINA</u>				2. Indicate month corporation closes its books: <u>DECEMBER</u>			
3. Nature of principal business in SC: <u>NON-EMERGENCY MEDICAL TRANSPORT</u>							
4. Location of registered office of the corporation in the state of SC is in the city of <u>MYRTLE BEACH</u>							
Registered agent at such address is <u>HENRY D. SHERALD</u>							
5. Location of principal office in SC (street, city, zip and county): <u>313 SAINT ANDREWS LN MB SC 29588 HORRY</u>							
6. Date business commenced in SC: <u>1/2/2010</u> Telephone # <u>8436557190</u>							
7. If a professional corporation, are all shareholders, one-half of the directors (or individuals functioning as directors) and all officers (other than the secretary and treasurer) qualified to practice the professional services engaged in by the corporation? <u>YES</u>							
8. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation are:							
SSN		Name/Title		Business Address and Office			
		<u>HENRY D. SHERALD, PRESIDENT</u>		<u>313 SAINT ANDREWS LN</u>			
				<u>MYRTLE BEACH, SC</u>			
				<u>29588</u>			
9. The total number of authorized shares of capital stock itemized by class and series, if any, within each class as follows:							
Number of Shares		<u>10000</u>		Class		<u>Common A</u>	
						Series	
10. The total number of issued and outstanding shares of capital stock itemized by class and series, if any, within each class is as follows:							
Number of Shares		<u>100</u>		Class		<u>Common A</u>	
						Series	
1. Fee due with this report _____							
2. Interest due _____							
3. Penalty due _____							
4. Total - Due _____							
Make remittance payable to SC Department of Revenue							
Mail To: SC Department of Revenue, License and Registration Unit, Columbia, SC 29214-0140							

RE

ATTACH REMITTANCE

## AFFIDAVIT

I, the undersigned incorporator or principal officer of the corporation for which this return is made, declare that this return, including accompanying statements and schedules, has been examined by me and is to the best of my knowledge and belief a true and complete return made in good faith.

Michael D McDade  
THIS RETURN PREPARED BY

12/29/09  
DATE

DATE

[Signature]  
SIGNATURE OF INCORPORATOR OR OFFICER AUTHORIZED TO SIGN

TITLE

31341027



**Raindancer Capital, LLC**  
Going beyond the boundaries.

PO Box 30217  
Myrtle Beach, SC 29588  
Tel: 843.655.7190  
Fax: 1-866-422-9004  
E-mail: mbfunding@yahoo.com

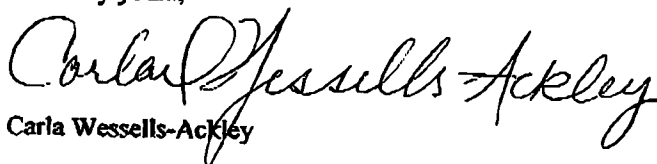
Fax (803) 896-5199

14 to pages (incl. coversheet)

To: Docketing Department  
From: Carla Wessells-Ackley for Henry D. Sherald  
Re: Request for Expedited Review  
Date: ~~1/8/2009~~ 1/11/2010

Please review the attached Application for Class C Non Emergency Charter Certificate to be considered for Expedited Review. Your attention to this is very much appreciated. Thank you. I am,

Sincerely yours,

  
Carla Wessells-Ackley

For:



Henry D. Sherald, President

COMMERCIAL REAL ESTATE FINANCE  
NEW BUSINESS DEVELOPMENT/  
CONSULTING & TURNAROUNDS